

Part I GENERAL INFORMATION

| | |
|---|-------------------|
| Unit: _____ | Date & Time _____ |
| Worksite Location(s): _____ <div style="text-align: center;"><small>(county, route #, bridge #, other)</small></div> | |
| Type of Work: _____ | |
| Meeting Conducted By: _____ | |

Part II(b) TAILGATE MEETING

1) Work Plan:

2) Equipment and Tools Provided

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3) Hazard Assessment

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|---|---|
| <input type="checkbox"/> Backing | <input type="checkbox"/> Hazardous Atmosphere |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Eye Protection |
| <input type="checkbox"/> Trenching & Excavation | <input type="checkbox"/> Uneven Terrain |
| <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> |
| <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> |
| <input type="checkbox"/> Noise Exposure | <input type="checkbox"/> |

4) SOP's Reviewed

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5) PPE's Provided

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6) Other Reference Mat'l Needed

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7) Traffic Control

8) Other/Miscellaneous Comments

| Attendees: | Assignment: | Attendees: | Assignment: |
|------------|-------------|------------|-------------|
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☐ I certify that as the supervisor on site I have reviewed the jobsite after the workzone was established and it is in compliance.

Crew Leader Signature: _____ Date: _____